## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	9/3/14	Street:	US 33 S/O CR 17	
Incident #:	14ISPC007533	Apt, Lot, Ro	Apt, Lot, Room #:	
County:	Elkhart	City:	Goshen	
Type of Laboratory Seizure (check one) Seizure Lo			<u>n</u> (check all that apply)	
<ul><li>☑ Lab Seizure</li><li>☐ Chemical Seizure</li><li>☐ Equipment Seizure</li><li>☐ Dumpsite Seizure</li></ul>		Residence Outbuilding Vehicle Other:	Business	
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown				
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)				
<ul> <li>☑ One Pot or Birch Reaction(s): <u>Trunk</u></li> <li>☐ Red Phosphorous/Iodine Reaction(s):</li> <li>☐ Hydrochloric Acid Gas Generator(s): <u>Trunk</u></li> <li>☑ Flammable Solvents: <u>Trunk</u></li> <li>☑ Water Reactive Metal (Lithium): <u>Trunk</u></li> </ul>		<ul> <li>✓ Anhydrous Ammonia: <u>Trunk</u></li> <li>✓ Corrosive Acid: <u>Trunk</u></li> <li>✓ Corrosive Base: <u>Trunk</u></li> <li>✓ Ammonium Nitrate/Sulfate: <u>Trunk</u></li> <li>✓ Other (item and location):</li> </ul>		
Child under age 18 discovered (check appropriate)				
☐ Yes (number present) ☐ No ☐ Children not present but evidence they reside or visit often		Living conditions of home: clean disarray unclean Estimated length of time manufacturing had been occurring: Additional Information:		
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:	REIFF, AUSTIN RICHARD 1G2NW12E72C168338 2002	Make: Model: Color:	PONTIAC GRAND AM SILVER	
This report has been faxed* or emailed to the following agencies that serve the location:				
Fire Department: <u>Goshen</u> Health Department County: <u>Elkhart</u> Department of Child Services Hotline: <u>dcshotlinereport</u>		Fax: tstil	Fax: rickkauffman@goshencity.com Fax: tstill@elkhartcounty.com rts@dcs.in.gov Fax: 317-234-7595 or 317-234-7596	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Luke Waikel</u> Phone <u>574-546-4900</u>				
*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.				